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PTO/SB/81 (02-01)  
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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	Not Yet Assigned
<b>Filing Date</b>	July 6, 2001
<b>First Named Inventor</b>	Göran Forsberg, et al.
<b>Title</b>	A Novel Engineered Superantigen for Human Therapy
<b>Group Art Unit</b>	N/A
<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>	P02188US0/10104199

I hereby appoint:

☒ Practitioners at Customer Number

26,271

Customer Number

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☐ Practitioner(s) named below:

Customer Number Bar Code

Name	Registration Number	Name	Registration Number

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I am the:

☐ Applicant/Inventor.

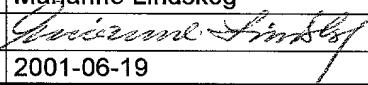
☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Assignee Active Biotech AB, Scheelevägen 22, Box 724, SE-220 07 Lund, Sweden

Name Marianne Lindskog

Signature 

Date 2001-06-19

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

☒ \*Total of 1 forms are submitted.

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PTO/SB/01 (03-01)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number P02188US0/10104199

First Named Inventor Göran Forsberg, et al.

**COMPLETE IF KNOWN**

Application Number Not Yet Assigned

Filing Date July 6, 2001

Group Art Unit N/A

Examiner Name Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A NOVEL ENGINEERED SUPERANTIGEN FOR HUMAN THERAPY

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application No. and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0102327-4	Sweden	6-28-2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

**Declaration for Utility or Design Patent Application**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EK102717105US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: July 6, 2001 Signature: (Melissa W. Acosta)

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## DECLARATION — Utility or Design Patent Application

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OR

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Correspondence address below

Name **FULBRIGHT & JAWORSKI L.L.P.**  
**Melissa W. Acosta**

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State **TX**

ZIP **77010-3095**

Country **US**

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Fax **(713) 651-5246**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

**Göran**

Family Name  
or Surname

**Forsberg**

Inventor's  
Signature

*Göran Forsberg*

Date

*2001-06-19*

Residence: City

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State

Country

**Sweden**

Citizenship

**Swedish**

Mailing  
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City

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State

ZIP

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Country

**Sweden**

NAME OF SECOND INVENTOR:

☐

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(first and middle [if any])

**Eva**

Family Name  
or Surname

**Erlandsson**

Inventor's  
Signature

*Eva Erland*

Date

*2001-06-19*

Residence: City

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Mailing  
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State

ZIP

**240 10**

Country

**Sweden**

☒

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page 1 of 1
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	ZIP	Country

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